



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Baxter Healthcare Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="96424.54"/>	<input type="text" value="96424.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="84713.48"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="14155.26"/>	<input type="text" value="103444.20"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="98868.74"/>	<input type="text" value="199868.74"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="101000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="98868.74"/>	<input type="text" value="98868.74"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period: From: 09 / 01 / 2011 To: 09 / 30 / 2011

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11683.42	69445.36
(ii) Unitemized .....	2471.84	33998.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14155.26	103444.20
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	14155.26	103444.20
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	14155.26	103444.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14155.26	103444.20

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	78500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	22500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	101000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	101000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14155.26	103444.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14155.26	103444.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Michael J. Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address 5343 N Lakewood Avenue

City Chicago State IL Zip Code 60640

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation CVP, Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 2011090811431-150**

Amount of Each Receipt this Period  
 100.00

**B. Michael J. Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address 5343 N Lakewood Avenue

City Chicago State IL Zip Code 60640

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation CVP, Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-149**

Amount of Each Receipt this Period  
 100.00

**C. Michael J. Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address 5343 N Lakewood Avenue

City Chicago State IL Zip Code 60640

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation CVP, Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-147**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Edwin A. Betancourt**

Mailing Address 101 N E 3rd Avenue, Ste 1600  
 Ste 1600

City State Zip Code  
 Ft Lauderdale FL 33301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Baxter Export Corporation VP, Mfg - LAC Med Products

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **922.44**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 02 / 2011**

**Transaction ID : 20110908111431-169**

Amount of Each Receipt this Period  
**46.50**

Full Name (Last, First, Middle Initial)  
**B. Edwin A. Betancourt**

Mailing Address 101 N E 3rd Avenue, Ste 1600  
 Ste 1600

City State Zip Code  
 Ft Lauderdale FL 33301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Baxter Export Corporation VP, Mfg - LAC Med Products

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **922.44**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 16 / 2011**

**Transaction ID : 2011092313494-168**

Amount of Each Receipt this Period  
**46.50**

Full Name (Last, First, Middle Initial)  
**C. Edwin A. Betancourt**

Mailing Address 101 N E 3rd Avenue, Ste 1600  
 Ste 1600

City State Zip Code  
 Ft Lauderdale FL 33301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Baxter Export Corporation VP, Mfg - LAC Med Products

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **922.44**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2011**

**Transaction ID : 2011100310500-166**

Amount of Each Receipt this Period  
**46.50**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **139.50**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Paulo Bolgar**

Mailing Address Suite 1600 101 Northeast 3rd Avenue  
Ste 1600

City Ft Lauderdale State FL Zip Code 33301

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Export Corporation Occupation VP, HR - LA & Canada

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-167**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Paulo Bolgar**

Mailing Address Suite 1600 101 Northeast 3rd Avenue  
Ste 1600

City Ft Lauderdale State FL Zip Code 33301

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Export Corporation Occupation VP, HR - LA & Canada

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-166**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Paulo Bolgar**

Mailing Address Suite 1600 101 Northeast 3rd Avenue  
Ste 1600

City Ft Lauderdale State FL Zip Code 33301

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Export Corporation Occupation VP, HR - LA & Canada

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-164**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. David L. Bonderud</b>		Date of Receipt MM / DD / YYYY 09 / 02 / 2011 <b>Transaction ID : 20110908111431-20</b>
Mailing Address 22294 W. Brookside Way		Amount of Each Receipt this Period 20.00
City Lake Barrington	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation VP, Business Development		Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. David L. Bonderud</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2011 <b>Transaction ID : 2011092313494-20</b>
Mailing Address 22294 W. Brookside Way		Amount of Each Receipt this Period 20.00
City Lake Barrington	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation VP, Business Development		Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. David L. Bonderud</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : 2011100310500-20</b>
Mailing Address 22294 W. Brookside Way		Amount of Each Receipt this Period 20.00
City Lake Barrington	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation VP, Business Development		Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Jan M. Brase**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8899 106th Ave  
 City Pleasant Prairie State WI Zip Code 53158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 2011090811431-52**  
 Amount of Each Receipt this Period  
 20.00

**B. Jan M. Brase**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8899 106th Ave  
 City Pleasant Prairie State WI Zip Code 53158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-51**  
 Amount of Each Receipt this Period  
 20.00

**C. Jan M. Brase**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8899 106th Ave  
 City Pleasant Prairie State WI Zip Code 53158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-50**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. John J. Bratsakis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2405 Trailside Lane  
 City Wauconda State IL Zip Code 60084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter International, Inc. Occupation BCU Sr VP, Business Devlp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-78**  
 Amount of Each Receipt this Period  
 25.00

**B. John J. Bratsakis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2405 Trailside Lane  
 City Wauconda State IL Zip Code 60084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter International, Inc. Occupation BCU Sr VP, Business Devlp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-77**  
 Amount of Each Receipt this Period  
 25.00

**C. John J. Bratsakis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2405 Trailside Lane  
 City Wauconda State IL Zip Code 60084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter International, Inc. Occupation BCU Sr VP, Business Devlp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-76**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Katrina Britton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1250 Graynold Ave.  
City Glendale State CA Zip Code 91202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Sr Mgr, Engineering  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 213.12

Date of Receipt 09 / 16 / 2011  
**Transaction ID : 2011092313494-120**  
Amount of Each Receipt this Period 11.25

**B. Katrina Britton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1250 Graynold Ave.  
City Glendale State CA Zip Code 91202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Sr Mgr, Engineering  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 213.12

Date of Receipt 09 / 30 / 2011  
**Transaction ID : 2011100310500-118**  
Amount of Each Receipt this Period 11.25

**C. Susan K. Brown**  
Full Name (Last, First, Middle Initial)  
Mailing Address 917 Geneva St  
City Glendale State CA Zip Code 91207  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Manufacturing  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1294.04

Date of Receipt 09 / 02 / 2011  
**Transaction ID : 20110908111431-15**  
Amount of Each Receipt this Period 65.53

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.03  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Susan K. Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 917 Geneva St

City Glendale State CA Zip Code 91207

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Manufacturing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1294.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-15**

Amount of Each Receipt this Period  
 65.53

**B. Susan K. Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 917 Geneva St

City Glendale State CA Zip Code 91207

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Manufacturing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1294.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-15**

Amount of Each Receipt this Period  
 65.53

**C. Sebastian J. Bufalino**  
Full Name (Last, First, Middle Initial)

Mailing Address 1091 Pine Meadow Ct

City Vernon Hills State IL Zip Code 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation VP, Corporate Audit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1081.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-159**

Amount of Each Receipt this Period  
 54.48

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.54
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Sebastian J. Bufalino**  
Full Name (Last, First, Middle Initial)

Mailing Address 1091 Pine Meadow Ct

City State Zip Code  
Vernon Hills IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter International Inc. VP, Corporate Audit

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1081.32**

Date of Receipt  
**09 / 16 / 2011**  
Transaction ID : **2011092313494-158**

Amount of Each Receipt this Period  
**54.48**

**B. Sebastian J. Bufalino**  
Full Name (Last, First, Middle Initial)

Mailing Address 1091 Pine Meadow Ct

City State Zip Code  
Vernon Hills IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter International Inc. VP, Corporate Audit

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1081.32**

Date of Receipt  
**09 / 30 / 2011**  
Transaction ID : **2011100310500-156**

Amount of Each Receipt this Period  
**54.48**

**C. Lauren Marie Cassidy**  
Full Name (Last, First, Middle Initial)

Mailing Address 1721 Dewes Street

City State Zip Code  
Glenview IL 60025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter International Inc. VP, Corporate Communications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**09 / 02 / 2011**  
Transaction ID : **20110908111431-158**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **133.96**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Lauren Marie Cassidy</b>			Date of Receipt
Mailing Address 1721 Dewes Street			<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : 2011092313494-157</b>
Glenview	IL	60025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
Baxter International Inc.	VP, Corporate Communications		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Lauren Marie Cassidy</b>			Date of Receipt
Mailing Address 1721 Dewes Street			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : 2011100310500-155</b>
Glenview	IL	60025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
Baxter International Inc.	VP, Corporate Communications		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ronald D. Chase</b>			Date of Receipt
Mailing Address 1090 Medford Road			<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : 20110908111431-25</b>
Pasadena	CA	91107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
Baxter Healthcare Corporation	VP, Information Technology		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Ronald D. Chase**  
Full Name (Last, First, Middle Initial)

Mailing Address 1090 Medford Road

City Pasadena State CA Zip Code 91107

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Information Technology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 16 / 2011  
**Transaction ID : 2011092313494-25**

Amount of Each Receipt this Period  
25.00

**B. Ronald D. Chase**  
Full Name (Last, First, Middle Initial)

Mailing Address 1090 Medford Road

City Pasadena State CA Zip Code 91107

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Information Technology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 30 / 2011  
**Transaction ID : 2011100310500-24**

Amount of Each Receipt this Period  
25.00

**C. Edward K. Chess**  
Full Name (Last, First, Middle Initial)

Mailing Address 5313 Abbey Drive

City McHenry State IL Zip Code 60050

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Structure Elucidation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 02 / 2011  
**Transaction ID : 20110908111431-10**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Edward K. Chess</b>			Date of Receipt
Mailing Address 5313 Abbey Drive			<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : 2011092313494-10</b>
McHenry	IL	60050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
Baxter Healthcare Corporation	Sr Dir, Structure Elucidation		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Edward K. Chess</b>			Date of Receipt
Mailing Address 5313 Abbey Drive			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : 2011100310500-10</b>
McHenry	IL	60050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
Baxter Healthcare Corporation	Sr Dir, Structure Elucidation		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Anthony Ciganek</b>			Date of Receipt
Mailing Address 233 Heath Ct			<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : 20110908111431-4</b>
Barrington	IL	60010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
Baxter Healthcare Corporation	Sr Director, Engineering		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Anthony Ciganek</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2011 <b>Transaction ID : 2011092313494-4</b>
Mailing Address 233 Heath Ct		Amount of Each Receipt this Period 25.00
City Barrington	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Sr Director, Engineering	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Anthony Ciganek</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : 2011100310500-4</b>
Mailing Address 233 Heath Ct		Amount of Each Receipt this Period 25.00
City Barrington	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Sr Director, Engineering	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Brian W. Clements</b>		Date of Receipt MM / DD / YYYY 09 / 02 / 2011 <b>Transaction ID : 20110908111431-7</b>
Mailing Address 109 Juniper Way		Amount of Each Receipt this Period 15.00
City Lake Villa	State IL	Zip Code 60046
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Strategic Initiatives	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Brian W. Clements**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 Juniper Way

City Lake Villa State IL Zip Code 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Strategic Initiatives

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-7**

Amount of Each Receipt this Period  
 15.00

**B. Brian W. Clements**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 Juniper Way

City Lake Villa State IL Zip Code 60046

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Strategic Initiatives

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-7**

Amount of Each Receipt this Period  
 15.00

**C. Mark Coin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1006 S Street NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Director, Public and Reimburse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 719.27

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-123**

Amount of Each Receipt this Period  
 42.31

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.31

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Mark Coin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1006 S Street NW  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Director, Public and Reimburse  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 719.27

Date of Receipt 09 / 16 / 2011  
**Transaction ID : 2011092313494-122**  
Amount of Each Receipt this Period 42.31

**B. Mark Coin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1006 S Street NW  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Director, Public and Reimburse  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 719.27

Date of Receipt 09 / 30 / 2011  
**Transaction ID : 2011100310500-120**  
Amount of Each Receipt this Period 42.31

**C. Sarah L. Creviston**  
Full Name (Last, First, Middle Initial)  
Mailing Address 23 Wynstone Way  
City North Barrington State IL Zip Code 60010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Government Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2185.70

Date of Receipt 09 / 02 / 2011  
**Transaction ID : 20110908111431-131**  
Amount of Each Receipt this Period 110.56

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 195.18  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Sarah L. Creviston**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 Wynstone Way

City North Barrington State IL Zip Code 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2185.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-130**

Amount of Each Receipt this Period  
**110.56**

**B. Sarah L. Creviston**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 Wynstone Way

City North Barrington State IL Zip Code 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2185.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-128**

Amount of Each Receipt this Period  
**110.56**

**C. Margarita Cruz-casse**  
Full Name (Last, First, Middle Initial)

Mailing Address Calle Guama #70 Mansiones Los Cedr

City Cayey State PR Zip Code 00736

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Occupation Dir, Logistics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1054.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-187**

Amount of Each Receipt this Period  
**54.51**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **275.63**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Margarita Cruz-casse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Calle Guama #70 Mansiones Los Cedr  
 City Cayey State PR Zip Code 00736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Occupation Dir, Logistics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1054.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-186**  
 Amount of Each Receipt this Period  
 54.51

**B. Margarita Cruz-casse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Calle Guama #70 Mansiones Los Cedr  
 City Cayey State PR Zip Code 00736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Occupation Dir, Logistics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1054.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-185**  
 Amount of Each Receipt this Period  
 54.51

**C. Ronald L. Czaplicki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17525 Cottonwood Ct  
 City Grayslake State IL Zip Code 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Pricing & Contr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-58**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	129.02
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Ronald L. Czaplicki**  
Full Name (Last, First, Middle Initial)

Mailing Address 17525 Cottonwood Ct

City Grayslake State IL Zip Code 60030

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Pricing & Contr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 16 / 2011  
**Transaction ID : 2011092313494-57**

Amount of Each Receipt this Period 20.00

**B. Ronald L. Czaplicki**  
Full Name (Last, First, Middle Initial)

Mailing Address 17525 Cottonwood Ct

City Grayslake State IL Zip Code 60030

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Pricing & Contr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : 2011100310500-56**

Amount of Each Receipt this Period 20.00

**C. Salvatore S. Dadouche**  
Full Name (Last, First, Middle Initial)

Mailing Address 868 Interlaken Dr

City Lake Zurich State IL Zip Code 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Comp, Benefits & HR Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 02 / 2011  
**Transaction ID : 20110908111431-21**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Salvatore S. Dadouche</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2011 <b>Transaction ID : 2011092313494-21</b>
Mailing Address 868 Interlaken Dr		Amount of Each Receipt this Period 20.00
City Lake Zurich	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation VP, Comp, Benefits & HR Ops
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Salvatore S. Dadouche</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2011 <b>Transaction ID : 2011100310500-21</b>
Mailing Address 868 Interlaken Dr		Amount of Each Receipt this Period 20.00
City Lake Zurich	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation VP, Comp, Benefits & HR Ops
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Robert M. Davis</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2011 <b>Transaction ID : 20110908111431-46</b>
Mailing Address 21515 Hummingbird Court		Amount of Each Receipt this Period 187.50
City Kildeer	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation CVP, President - Med Products
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3692.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	227.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Robert M. Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 21515 Hummingbird Court

City State Zip Code  
Kildeer IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corporation CVP, President - Med Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3692.32

Date of Receipt  
09 / 16 / 2011  
**Transaction ID : 2011092313494-45**

Amount of Each Receipt this Period  
187.50

**B. Robert M. Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 21515 Hummingbird Court

City State Zip Code  
Kildeer IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corporation CVP, President - Med Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3692.32

Date of Receipt  
09 / 30 / 2011  
**Transaction ID : 2011100310500-44**

Amount of Each Receipt this Period  
187.50

**C. Barry M. Deutsch**  
Full Name (Last, First, Middle Initial)

Mailing Address 2330 West Course Drive

City State Zip Code  
Riverwoods IL 60015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corporation VP I, Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
907.52

Date of Receipt  
09 / 02 / 2011  
**Transaction ID : 20110908111431-93**

Amount of Each Receipt this Period  
45.70

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 420.70

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Barry M. Deutsch**  
Full Name (Last, First, Middle Initial)

Mailing Address 2330 West Course Drive

City Riverwoods State IL Zip Code 60015

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP I, Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **907.52**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 16 / 2011**

**Transaction ID : 2011092313494-92**

Amount of Each Receipt this Period  
**45.70**

**B. Barry M. Deutsch**  
Full Name (Last, First, Middle Initial)

Mailing Address 2330 West Course Drive

City Riverwoods State IL Zip Code 60015

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP I, Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **907.52**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2011**

**Transaction ID : 2011100310500-91**

Amount of Each Receipt this Period  
**45.70**

**c. Angel L. Egipciano-Lassalle**  
Full Name (Last, First, Middle Initial)

Mailing Address 27225 Rose Mallow Lane (Fair Oaks)  
(Fair Oaks Ranch)

City Canyon Country State CA Zip Code 91387-6950

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Plant Controller II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 02 / 2011**

**Transaction ID : 20110908111431-141**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>116.40</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Angel L. Egipciaco-Lassalle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27225 Rose Mallow Lane (Fair Oaks)  
 (Fair Oaks Ranch)  
 City Canyon Country State CA Zip Code 91387-6950  
 Name of Employer Baxter Healthcare Corporation Occupation Plant Controller II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-140**  
 Amount of Each Receipt this Period  
 25.00

**B. Angel L. Egipciaco-Lassalle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27225 Rose Mallow Lane (Fair Oaks)  
 (Fair Oaks Ranch)  
 City Canyon Country State CA Zip Code 91387-6950  
 Name of Employer Baxter Healthcare Corporation Occupation Plant Controller II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-138**  
 Amount of Each Receipt this Period  
 25.00

**C. Paul D. Estrem**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Clarewood Circle  
 City Grayslake State IL Zip Code 60030  
 Name of Employer Baxter Healthcare Corporation Occupation VP, Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-41**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Paul D. Estrem**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Clarewood Circle

City Grayslake State IL Zip Code 60030

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-40**

Amount of Each Receipt this Period  
 50.00

**B. Paul D. Estrem**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Clarewood Circle

City Grayslake State IL Zip Code 60030

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-39**

Amount of Each Receipt this Period  
 50.00

**C. Peter Etienne**  
Full Name (Last, First, Middle Initial)

Mailing Address 189 Lions Court

City Lake Zurich State IL Zip Code 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation Sr Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-152**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Peter Etienne**  
Full Name (Last, First, Middle Initial)

Mailing Address 189 Lions Court

City Lake Zurich State IL Zip Code 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation Sr Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-151**

Amount of Each Receipt this Period  
**25.00**

**B. Peter Etienne**  
Full Name (Last, First, Middle Initial)

Mailing Address 189 Lions Court

City Lake Zurich State IL Zip Code 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation Sr Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-149**

Amount of Each Receipt this Period  
**25.00**

**C. Alan E. Freedlund**  
Full Name (Last, First, Middle Initial)

Mailing Address 746 S. River Rd

City Naperville State IL Zip Code 60540

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Information Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-71**

Amount of Each Receipt this Period  
**12.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **62.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Alan E. Freedlund**  
Full Name (Last, First, Middle Initial)  
Mailing Address 746 S. River Rd  
City Naperville State IL Zip Code 60540  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Information Technology  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 16 / 2011  
**Transaction ID : 2011092313494-70**  
Amount of Each Receipt this Period  
12.00

**B. Alan E. Freedlund**  
Full Name (Last, First, Middle Initial)  
Mailing Address 746 S. River Rd  
City Naperville State IL Zip Code 60540  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Information Technology  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2011  
**Transaction ID : 2011100310500-69**  
Amount of Each Receipt this Period  
12.00

**C. Kevin E. Freeman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 86 Rosehall Drive  
City Lake Zurich State IL Zip Code 60047  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter International, Inc. Occupation VP, I Finance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 02 / 2011  
**Transaction ID : 20110908111431-29**  
Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 49.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Kevin E. Freeman**  
Full Name (Last, First, Middle Initial)

Mailing Address 86 Rosehall Drive

City Lake Zurich State IL Zip Code 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International, Inc. Occupation VP, I Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-29**

Amount of Each Receipt this Period  
**25.00**

**B. Kevin E. Freeman**  
Full Name (Last, First, Middle Initial)

Mailing Address 86 Rosehall Drive

City Lake Zurich State IL Zip Code 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International, Inc. Occupation VP, I Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-28**

Amount of Each Receipt this Period  
**25.00**

**C. Guy G. Fusco**  
Full Name (Last, First, Middle Initial)

Mailing Address Baxter Expatriate Admin PO Box 747  
Baxter Expatriate Admin

City Deerfield State IL Zip Code 60015

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter World Trade Corporation Occupation Away on Assignment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-163**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **70.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Guy G. Fusco**

Mailing Address **Baxter Expatriate Admin PO Box 747**  
**Baxter Expatriate Admin**

City **Deerfield** State **IL** Zip Code **60015**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Baxter World Trade Corporation** Occupation **Away on Assignment**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 16 / 2011**

**Transaction ID : 2011092313494-162**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**B. Guy G. Fusco**

Mailing Address **Baxter Expatriate Admin PO Box 747**  
**Baxter Expatriate Admin**

City **Deerfield** State **IL** Zip Code **60015**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Baxter World Trade Corporation** Occupation **Away on Assignment**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2011**

**Transaction ID : 2011100310500-160**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**C. Valery E. Gallagher**

Mailing Address **14334 Spring Meadow Court**

City **Green Oaks** State **IL** Zip Code **60048**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Baxter Healthcare Corporation** Occupation **Dir, State Government Affairs**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1565.42**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 02 / 2011**

**Transaction ID : 20110908111431-63**

Amount of Each Receipt this Period  
**78.85**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>118.85</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Valery E. Gallagher**  
Full Name (Last, First, Middle Initial)

Mailing Address 14334 Spring Meadow Court

City Green Oaks	State IL	Zip Code 60048
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation Dir, State Government Affairs
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1565.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

**Transaction ID : 2011092313494-62**

Amount of Each Receipt this Period  

78.85
-------

**B. Valery E. Gallagher**  
Full Name (Last, First, Middle Initial)

Mailing Address 14334 Spring Meadow Court

City Green Oaks	State IL	Zip Code 60048
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation Dir, State Government Affairs
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1565.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : 2011100310500-61**

Amount of Each Receipt this Period  

78.85
-------

**C. Zhanna Gevorkian**  
Full Name (Last, First, Middle Initial)

Mailing Address 1640 Camulos Avenue

City Glendale	State CA	Zip Code 91208
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation Mgr II, Finance
---	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

**Transaction ID : 2011092313494-79**

Amount of Each Receipt this Period  

11.10
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	168.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Zhanna Gevorkian**  
Full Name (Last, First, Middle Initial)

Mailing Address 1640 Camulos Avenue

City Glendale	State CA	Zip Code 91208
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation Mgr II, Finance
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : 2011100310500-78**

Amount of Each Receipt this Period  
11.10

**B. Arthur J. Gibson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3775 Riverly Trace

City Marietta	State GA	Zip Code 30067
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation VP, Environ, Health & Safety
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1127.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : 20110908111431-53**

Amount of Each Receipt this Period  
56.85

**C. Arthur J. Gibson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3775 Riverly Trace

City Marietta	State GA	Zip Code 30067
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation VP, Environ, Health & Safety
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1127.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

**Transaction ID : 2011092313494-52**

Amount of Each Receipt this Period  
56.85

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	124.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Arthur J. Gibson**

Mailing Address 3775 Riverly Trace

City State Zip Code  
Marietta GA 30067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corporation VP, Environ, Health & Safety

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1127.10

Date of Receipt  
09 / 30 / 2011  
**Transaction ID : 2011100310500-51**

Amount of Each Receipt this Period  
56.85

Full Name (Last, First, Middle Initial)  
**B. Susan C. Gould**

Mailing Address 760 Oakwood Ave

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corporation Sr Dir, Clinical Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 02 / 2011  
**Transaction ID : 20110908111431-97**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**c. Susan C. Gould**

Mailing Address 760 Oakwood Ave

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corporation Sr Dir, Clinical Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 16 / 2011  
**Transaction ID : 2011092313494-96**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 156.85

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Susan C. Gould**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 760 Oakwood Ave  
 City Lake Forest State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Clinical Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-95**  
 Amount of Each Receipt this Period  
 50.00

**B. Tara L. Greene**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3408 Linneman  
 City Glenview State IL Zip Code 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-117**  
 Amount of Each Receipt this Period  
 15.00

**c. Tara L. Greene**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3408 Linneman  
 City Glenview State IL Zip Code 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-116**  
 Amount of Each Receipt this Period  
 15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. William J. Gresham**

Mailing Address 909 Clinton Place

City State Zip Code  
 River Forest IL 60305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Baxter International Inc. Dir, Ethics & Compliance/EHS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-161**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. William J. Gresham**

Mailing Address 909 Clinton Place

City State Zip Code  
 River Forest IL 60305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Baxter International Inc. Dir, Ethics & Compliance/EHS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-160**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. William J. Gresham**

Mailing Address 909 Clinton Place

City State Zip Code  
 River Forest IL 60305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Baxter International Inc. Dir, Ethics & Compliance/EHS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-158**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Andrew C. Hayes</b>		Date of Receipt MM / DD / YYYY 09 / 02 / 2011 <b>Transaction ID : 2011090811431-79</b>
Mailing Address 1620 Timber Woods Lane		Amount of Each Receipt this Period 67.61
City Libertyville	State IL	
Zip Code 60048	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1341.16
Name of Employer Baxter Healthcare Corporation	Occupation Sr Director, New Product Intro	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Andrew C. Hayes</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2011 <b>Transaction ID : 2011092313494-78</b>
Mailing Address 1620 Timber Woods Lane		Amount of Each Receipt this Period 67.61
City Libertyville	State IL	
Zip Code 60048	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1341.16
Name of Employer Baxter Healthcare Corporation	Occupation Sr Director, New Product Intro	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Andrew C. Hayes</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : 2011100310500-77</b>
Mailing Address 1620 Timber Woods Lane		Amount of Each Receipt this Period 67.61
City Libertyville	State IL	
Zip Code 60048	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1341.16
Name of Employer Baxter Healthcare Corporation	Occupation Sr Director, New Product Intro	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	202.83
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Leslie J. Herzog**  
Full Name (Last, First, Middle Initial)

Mailing Address 816 Moseley Rd.

City Highland Park	State IL	Zip Code 60035
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation Dir, Clinical Data Mgmt
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **661.74**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : 20110908111431-102**

Amount of Each Receipt this Period  

33.36
-------

**B. Leslie J. Herzog**  
Full Name (Last, First, Middle Initial)

Mailing Address 816 Moseley Rd.

City Highland Park	State IL	Zip Code 60035
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation Dir, Clinical Data Mgmt
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **661.74**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

**Transaction ID : 2011092313494-101**

Amount of Each Receipt this Period  

33.36
-------

**C. Leslie J. Herzog**  
Full Name (Last, First, Middle Initial)

Mailing Address 816 Moseley Rd.

City Highland Park	State IL	Zip Code 60035
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation Dir, Clinical Data Mgmt
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **661.74**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : 2011100310500-100**

Amount of Each Receipt this Period  

33.36
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.08</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Michael T. Himes**

Mailing Address 2100 Ovaltine Court Apartment 119  
Unit 119

City Villa Park State IL Zip Code 60181

FEC ID number of contributing federal political committee. **C**

Name of Employer BioLife Plasma L.L.C. Occupation Quality Assoc II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.16

Date of Receipt  
09 / 02 / 2011  
**Transaction ID : 2011090811431-179**

Amount of Each Receipt this Period  
11.56

Full Name (Last, First, Middle Initial)  
**B. Michael T. Himes**

Mailing Address 2100 Ovaltine Court Apartment 119  
Unit 119

City Villa Park State IL Zip Code 60181

FEC ID number of contributing federal political committee. **C**

Name of Employer BioLife Plasma L.L.C. Occupation Quality Assoc II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.16

Date of Receipt  
09 / 16 / 2011  
**Transaction ID : 2011092313494-178**

Amount of Each Receipt this Period  
11.56

Full Name (Last, First, Middle Initial)  
**C. Michael T. Himes**

Mailing Address 2100 Ovaltine Court Apartment 119  
Unit 119

City Villa Park State IL Zip Code 60181

FEC ID number of contributing federal political committee. **C**

Name of Employer BioLife Plasma L.L.C. Occupation Quality Assoc II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.16

Date of Receipt  
09 / 30 / 2011  
**Transaction ID : 2011100310500-177**

Amount of Each Receipt this Period  
11.56

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 34.68

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Robert J. Hombach**

Mailing Address 126 Homewood Avenue

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter International Inc. CVP, Chief Financial Officer

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 02 / 2011  
**Transaction ID : 20110908111431-149**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Robert J. Hombach**

Mailing Address 126 Homewood Avenue

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter International Inc. CVP, Chief Financial Officer

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 16 / 2011  
**Transaction ID : 2011092313494-148**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Robert J. Hombach**

Mailing Address 126 Homewood Avenue

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter International Inc. CVP, Chief Financial Officer

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 30 / 2011  
**Transaction ID : 2011100310500-146**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Irene P. Jakimcius**  
Full Name (Last, First, Middle Initial)

Mailing Address 2208 Wesley Ave.

City Evanston State IL Zip Code 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation Assoc General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1705.50

Date of Receipt 09 / 02 / 2011  
**Transaction ID : 2011090811431-153**

Amount of Each Receipt this Period 85.98

**B. Irene P. Jakimcius**  
Full Name (Last, First, Middle Initial)

Mailing Address 2208 Wesley Ave.

City Evanston State IL Zip Code 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation Assoc General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1705.50

Date of Receipt 09 / 16 / 2011  
**Transaction ID : 2011092313494-152**

Amount of Each Receipt this Period 85.98

**C. Irene P. Jakimcius**  
Full Name (Last, First, Middle Initial)

Mailing Address 2208 Wesley Ave.

City Evanston State IL Zip Code 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation Assoc General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1705.50

Date of Receipt 09 / 30 / 2011  
**Transaction ID : 2011100310500-150**

Amount of Each Receipt this Period 85.98

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 257.94

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Jean M. Jans**  
Full Name (Last, First, Middle Initial)

Mailing Address 1568 RFD

City Lake Zurich	State IL	Zip Code 60047
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc.	Occupation VP I, Finance
---	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.54

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

**Transaction ID : 2011092313494-145**

Amount of Each Receipt this Period  
48.09

**B. Jean M. Jans**  
Full Name (Last, First, Middle Initial)

Mailing Address 1568 RFD

City Lake Zurich	State IL	Zip Code 60047
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc.	Occupation VP I, Finance
---	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.54

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : 2011100310500-143**

Amount of Each Receipt this Period  
48.09

**C. Michael T. Jennings**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 W Lincoln Ave

City Libertyville	State IL	Zip Code 60048
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation Sr Dir, Strategy & Integration
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
802.26

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : 20110908111431-133**

Amount of Each Receipt this Period  
40.41

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	136.59
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Michael T. Jennings**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 W Lincoln Ave

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corporation Sr Dir, Strategy & Integration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
802.26

Date of Receipt  
09 / 16 / 2011  
**Transaction ID : 2011092313494-132**

Amount of Each Receipt this Period  
40.41

**B. Michael T. Jennings**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 W Lincoln Ave

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corporation Sr Dir, Strategy & Integration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
802.26

Date of Receipt  
09 / 30 / 2011  
**Transaction ID : 2011100310500-130**

Amount of Each Receipt this Period  
40.41

**C. Kurt Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2322 Central Park Ave.

City State Zip Code  
Evanston IL 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corporation VP, BD - BioScience

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
09 / 02 / 2011  
**Transaction ID : 20110908111431-142**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.82

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Kurt Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2322 Central Park Ave.

City Evanston	State IL	Zip Code 60201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation VP, BD - BioScience
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

**Transaction ID : 2011092313494-141**

Amount of Each Receipt this Period  

20.00
-------

**B. Kurt Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2322 Central Park Ave.

City Evanston	State IL	Zip Code 60201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation VP, BD - BioScience
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : 2011100310500-139**

Amount of Each Receipt this Period  

20.00
-------

**C. Robert A. Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address Baxter Expat Admin PO Box 747

City Deerfield	State IL	Zip Code 60015
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter World Trade Corporation	Occupation Away on Assignment
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : 20110908111431-164**

Amount of Each Receipt this Period  

25.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>65.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Robert A. Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address Baxter Expat Admin PO Box 747

City Deerfield	State IL	Zip Code 60015
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter World Trade Corporation	Occupation Away on Assignment
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

**Transaction ID : 2011092313494-163**

Amount of Each Receipt this Period  

25.00
-------

**B. Robert A. Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address Baxter Expat Admin PO Box 747

City Deerfield	State IL	Zip Code 60015
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter World Trade Corporation	Occupation Away on Assignment
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : 2011100310500-161**

Amount of Each Receipt this Period  

25.00
-------

**C. Peter Khoury**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 904

City Jordan	State NY	Zip Code 13080
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation VP I, Marketing
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : 20110908111431-27**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Richard L. Kirkendall**  
Full Name (Last, First, Middle Initial)

Mailing Address 717 Elmwood Av.

City Wilmette State IL Zip Code 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP Quality, Medication Delivery

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-114**

Amount of Each Receipt this Period  
 75.00

**B. Richard L. Kirkendall**  
Full Name (Last, First, Middle Initial)

Mailing Address 717 Elmwood Av.

City Wilmette State IL Zip Code 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP Quality, Medication Delivery

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-113**

Amount of Each Receipt this Period  
 75.00

**C. Marie G. Kissel**  
Full Name (Last, First, Middle Initial)

Mailing Address Baxter Expat Admin PO Box 747  
Baxter Expat Admin

City Deerfield State IL Zip Code 60015

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter World Trade Corporation Occupation Away on Assignment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1641.49

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-166**

Amount of Each Receipt this Period  
 86.54

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 236.54

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Helena M. Klumpp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2308 Isabella St.  
 City Evanston State IL Zip Code 60201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter International Inc. Occupation Senior Tax Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-156**  
 Amount of Each Receipt this Period  
 20.00

**B. Helena M. Klumpp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2308 Isabella St.  
 City Evanston State IL Zip Code 60201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter International Inc. Occupation Senior Tax Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-154**  
 Amount of Each Receipt this Period  
 20.00

**C. Brian J. LaMarca**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2261 Zach Scott St  
 City Austin State TX Zip Code 78723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BioLife Plasma L.L.C. Occupation Regional Operations Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 515.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-176**  
 Amount of Each Receipt this Period  
 25.97

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.97
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Brian J. LaMarca</b>		Date of Receipt
Mailing Address 2261 Zach Scott St		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City Austin	State TX	Zip Code 78723
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2011092313494-175</b>
Name of Employer BioLife Plasma L.L.C.		Amount of Each Receipt this Period
Occupation Regional Operations Manager		<input type="text" value="25.97"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="515.26"/>		

Full Name (Last, First, Middle Initial) <b>B. Brian J. LaMarca</b>		Date of Receipt
Mailing Address 2261 Zach Scott St		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City Austin	State TX	Zip Code 78723
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2011100310500-174</b>
Name of Employer BioLife Plasma L.L.C.		Amount of Each Receipt this Period
Occupation Regional Operations Manager		<input type="text" value="25.97"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="515.26"/>		

Full Name (Last, First, Middle Initial) <b>C. Edward A. Langan</b>		Date of Receipt
Mailing Address 450 East Waterside Drive Unit 1702 Unit 1702		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20110908111431-2</b>
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation VP, Sls Excellence- BioScience		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1500.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="126.94"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Edward A. Langan**  
Full Name (Last, First, Middle Initial)

Mailing Address 450 East Waterside Drive Unit 1702  
Unit 1702

City Chicago State IL Zip Code 60601

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, SIs Excellence- BioScience

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
09 / 16 / 2011  
Transaction ID : 2011092313494-2

Amount of Each Receipt this Period  
75.00

**B. Edward A. Langan**  
Full Name (Last, First, Middle Initial)

Mailing Address 450 East Waterside Drive Unit 1702  
Unit 1702

City Chicago State IL Zip Code 60601

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, SIs Excellence- BioScience

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
09 / 30 / 2011  
Transaction ID : 2011100310500-2

Amount of Each Receipt this Period  
75.00

**C. Betty D. Larson**  
Full Name (Last, First, Middle Initial)

Mailing Address 21334 Andover Road

City Kildeer State IL Zip Code 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, HR - Med Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
988.48

Date of Receipt  
09 / 02 / 2011  
Transaction ID : 20110908111431-120

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Betty D. Larson**  
Full Name (Last, First, Middle Initial)

Mailing Address 21334 Andover Road

City State Zip Code  
Kildeer IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corporation VP, HR - Med Products

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **988.48**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 16 / 2011**

**Transaction ID : 2011092313494-119**

Amount of Each Receipt this Period  
**50.00**

**B. Betty D. Larson**  
Full Name (Last, First, Middle Initial)

Mailing Address 21334 Andover Road

City State Zip Code  
Kildeer IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corporation VP, HR - Med Products

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **988.48**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2011**

**Transaction ID : 2011100310500-117**

Amount of Each Receipt this Period  
**50.00**

**C. Timothy P. Lawrence**  
Full Name (Last, First, Middle Initial)

Mailing Address 876 Writer CT

City State Zip Code  
Vernon Hills IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corporation VP, Mfg & SC - Med Products

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1365.20**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 02 / 2011**

**Transaction ID : 20110908111431-128**

Amount of Each Receipt this Period  
**72.12**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>172.12</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Timothy P. Lawrence**  
Full Name (Last, First, Middle Initial)  
Mailing Address 876 Writer CT  
City State Zip Code  
Vernon Hills IL 60061  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Baxter Healthcare Corporation VP, Mfg & SC - Med Products  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1365.20

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2011  
**Transaction ID : 2011092313494-127**  
Amount of Each Receipt this Period  
72.12

**B. Timothy P. Lawrence**  
Full Name (Last, First, Middle Initial)  
Mailing Address 876 Writer CT  
City State Zip Code  
Vernon Hills IL 60061  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Baxter Healthcare Corporation VP, Mfg & SC - Med Products  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1365.20

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2011  
**Transaction ID : 2011100310500-125**  
Amount of Each Receipt this Period  
72.12

**C. Jacopo Leonardi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 319 E. Vincent Ct.  
City State Zip Code  
Lake Bluff IL 60044  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Baxter Healthcare Corporation VP, Sls & Mkt - US BioT  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2011  
**Transaction ID : 20110908111431-111**  
Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 169.24  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Jacopo Leonardi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 319 E. Vincent Ct.  
City Lake Bluff State IL Zip Code 60044  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Sls & Mkt - US BioT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 16 / 2011**  
**Transaction ID : 2011092313494-110**  
Amount of Each Receipt this Period **25.00**

**B. Jacopo Leonardi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 319 E. Vincent Ct.  
City Lake Bluff State IL Zip Code 60044  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Sls & Mkt - US BioT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 30 / 2011**  
**Transaction ID : 2011100310500-109**  
Amount of Each Receipt this Period **25.00**

**C. Kelli Lester**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3140 creswell dr  
City falls church State VA Zip Code 22044  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Dir, Renal Federal Leg Affairs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **800.00**

Date of Receipt **09 / 02 / 2011**  
**Transaction ID : 20110908111431-99**  
Amount of Each Receipt this Period **40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Kelli Lester**  
Full Name (Last, First, Middle Initial)

Mailing Address 3140 creswell dr

City falls church State VA Zip Code 22044

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Dir, Renal Federal Leg Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-98**

Amount of Each Receipt this Period  
**40.00**

**B. Kelli Lester**  
Full Name (Last, First, Middle Initial)

Mailing Address 3140 creswell dr

City falls church State VA Zip Code 22044

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Dir, Renal Federal Leg Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-97**

Amount of Each Receipt this Period  
**40.00**

**C. Josephine M. Li-McLeod**  
Full Name (Last, First, Middle Initial)

Mailing Address 758 Cranmont Court

City Simi Valley State CA Zip Code 93065

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Sr Director Outcomes Research

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-31**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **105.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Josephine M. Li-McLeod**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 758 Cranmont Court  
 City Simi Valley State CA Zip Code 93065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Sr Director Outcomes Research  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-31**  
 Amount of Each Receipt this Period  
 25.00

**B. Josephine M. Li-McLeod**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 758 Cranmont Court  
 City Simi Valley State CA Zip Code 93065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Sr Director Outcomes Research  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-30**  
 Amount of Each Receipt this Period  
 25.00

**C. Raymond J. Linder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Crestwood Drive Unit 6Q  
 City Tullahoma State TN Zip Code 37388  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter International, Inc. Occupation VP, HR - Mfg/Supply Chain  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 693.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-38**  
 Amount of Each Receipt this Period  
 -71.70

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	-21.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Ronald K. Lloyd**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 W. Delaware PI #2603

City Chicago	State IL	Zip Code 60610
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation GM, US BioScience
---	---------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : 2011090811431-37**

Amount of Each Receipt this Period  
50.00

**B. Ronald K. Lloyd**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 W. Delaware PI #2603

City Chicago	State IL	Zip Code 60610
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation GM, US BioScience
---	---------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

**Transaction ID : 2011092313494-37**

Amount of Each Receipt this Period  
50.00

**C. Ronald K. Lloyd**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 W. Delaware PI #2603

City Chicago	State IL	Zip Code 60610
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation GM, US BioScience
---	---------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : 2011100310500-36**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Marcus A. Luna**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Heath Pkwy

City Middletown State NJ Zip Code 07748

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Sales Representative II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011

**Transaction ID : 2011090811431-103**

Amount of Each Receipt this Period  
**15.00**

**B. Marcus A. Luna**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Heath Pkwy

City Middletown State NJ Zip Code 07748

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Sales Representative II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011

**Transaction ID : 2011092313494-102**

Amount of Each Receipt this Period  
**15.00**

**C. Marcus A. Luna**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Heath Pkwy

City Middletown State NJ Zip Code 07748

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Sales Representative II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : 2011100310500-101**

Amount of Each Receipt this Period  
**15.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Matthew A. Lykken**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1107 Wellington Drive  
 City Duncanville State TX Zip Code 75137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Sr Tax Counsel  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 02 / 2011  
**Transaction ID : 2011090811431-124**  
 Amount of Each Receipt this Period  
 25.00

**B. Matthew A. Lykken**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1107 Wellington Drive  
 City Duncanville State TX Zip Code 75137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Sr Tax Counsel  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-123**  
 Amount of Each Receipt this Period  
 25.00

**C. Matthew A. Lykken**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1107 Wellington Drive  
 City Duncanville State TX Zip Code 75137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Sr Tax Counsel  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-121**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Jack Maniko**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 Tennessee Avenue NE

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation Dir, Fed Legislative Affairs
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : 20110908111431-112**

Amount of Each Receipt this Period  

30.00
-------

**B. Jack Maniko**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 Tennessee Avenue NE

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation Dir, Fed Legislative Affairs
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

**Transaction ID : 2011092313494-111**

Amount of Each Receipt this Period  

30.00
-------

**C. Jack Maniko**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 Tennessee Avenue NE

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation Dir, Fed Legislative Affairs
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : 2011100310500-110**

Amount of Each Receipt this Period  

30.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Michael E. Martin**

Mailing Address 10680 Red Leaf Circle

City State Zip Code  
 Lakewood IL 60014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Baxter Healthcare Corporation VP, Mfg Strategy- Med Products

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 858.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-18**

Amount of Each Receipt this Period  
 41.26

Full Name (Last, First, Middle Initial)  
**B. Michael E. Martin**

Mailing Address 10680 Red Leaf Circle

City State Zip Code  
 Lakewood IL 60014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Baxter Healthcare Corporation VP, Mfg Strategy- Med Products

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 858.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-18**

Amount of Each Receipt this Period  
 41.26

Full Name (Last, First, Middle Initial)  
**C. Michael E. Martin**

Mailing Address 10680 Red Leaf Circle

City State Zip Code  
 Lakewood IL 60014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Baxter Healthcare Corporation VP, Mfg Strategy- Med Products

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 858.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-18**

Amount of Each Receipt this Period  
 41.26

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 123.78

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Jeanne K. Mason**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1760 Duffy Lane

City Bannockburn	State IL	Zip Code 60015
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc.	Occupation CVP, Human Resources
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3592.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : 2011090811431-155**

Amount of Each Receipt this Period  
180.77

**B. Jeanne K. Mason**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1760 Duffy Lane

City Bannockburn	State IL	Zip Code 60015
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc.	Occupation CVP, Human Resources
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3592.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

**Transaction ID : 2011092313494-154**

Amount of Each Receipt this Period  
180.77

**C. Jeanne K. Mason**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1760 Duffy Lane

City Bannockburn	State IL	Zip Code 60015
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc.	Occupation CVP, Human Resources
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3592.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : 2011100310500-152**

Amount of Each Receipt this Period  
180.77

<b>SUBTOTAL</b> of Receipts This Page (optional).....	542.31
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Daniel S. McRae**

Mailing Address 2965 Redding Road

City Atlanta State GA Zip Code 30319

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Infusion System Sales Represen

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 02 / 2011**

**Transaction ID : 20110908111431-54**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Daniel S. McRae**

Mailing Address 2965 Redding Road

City Atlanta State GA Zip Code 30319

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Infusion System Sales Represen

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 16 / 2011**

**Transaction ID : 2011092313494-53**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Daniel S. McRae**

Mailing Address 2965 Redding Road

City Atlanta State GA Zip Code 30319

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Infusion System Sales Represen

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2011**

**Transaction ID : 2011100310500-52**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. John K. McVey**  
Full Name (Last, First, Middle Initial)

Mailing Address 6320 Longwood Road

City Libertyville State IL Zip Code 60048-9447

FEC ID number of contributing federal political committee. **C**

Name of Employer BioLife Plasma L.L.C. Occupation Sr Dir, Reg Affairs & Quality

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2011  
**Transaction ID : 2011090811431-170**

Amount of Each Receipt this Period 25.00

**B. John K. McVey**  
Full Name (Last, First, Middle Initial)

Mailing Address 6320 Longwood Road

City Libertyville State IL Zip Code 60048-9447

FEC ID number of contributing federal political committee. **C**

Name of Employer BioLife Plasma L.L.C. Occupation Sr Dir, Reg Affairs & Quality

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2011  
**Transaction ID : 2011092313494-169**

Amount of Each Receipt this Period 25.00

**C. John K. McVey**  
Full Name (Last, First, Middle Initial)

Mailing Address 6320 Longwood Road

City Libertyville State IL Zip Code 60048-9447

FEC ID number of contributing federal political committee. **C**

Name of Employer BioLife Plasma L.L.C. Occupation Sr Dir, Reg Affairs & Quality

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : 2011100310500-167**

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Timothy J. Murphy**  
Full Name (Last, First, Middle Initial)

Mailing Address 14601 N Somerset Circle

City Libertyville State IL Zip Code 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **611.76**

Date of Receipt  
**09 / 02 / 2011**  
Transaction ID : **20110908111431-127**

Amount of Each Receipt this Period  
**30.84**

**B. Timothy J. Murphy**  
Full Name (Last, First, Middle Initial)

Mailing Address 14601 N Somerset Circle

City Libertyville State IL Zip Code 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **611.76**

Date of Receipt  
**09 / 16 / 2011**  
Transaction ID : **2011092313494-126**

Amount of Each Receipt this Period  
**30.84**

**C. Timothy J. Murphy**  
Full Name (Last, First, Middle Initial)

Mailing Address 14601 N Somerset Circle

City Libertyville State IL Zip Code 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **611.76**

Date of Receipt  
**09 / 30 / 2011**  
Transaction ID : **2011100310500-124**

Amount of Each Receipt this Period  
**30.84**

**SUBTOTAL** of Receipts This Page (optional)..... **92.52**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Peter J. O'Malley**  
Full Name (Last, First, Middle Initial)

Mailing Address 791 Summit Avenue

City Lake Forest State IL Zip Code 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Mkt Access - US BioScience

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-143**

Amount of Each Receipt this Period  
 45.00

**B. Peter J. O'Malley**  
Full Name (Last, First, Middle Initial)

Mailing Address 791 Summit Avenue

City Lake Forest State IL Zip Code 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Mkt Access - US BioScience

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-142**

Amount of Each Receipt this Period  
 45.00

**C. Peter J. O'Malley**  
Full Name (Last, First, Middle Initial)

Mailing Address 791 Summit Avenue

City Lake Forest State IL Zip Code 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Mkt Access - US BioScience

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-140**

Amount of Each Receipt this Period  
 45.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Stasia L. Ogden**  
Full Name (Last, First, Middle Initial)

Mailing Address 1750 W Cortland St

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Assoc GC - IP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 2011090811431-87**

Amount of Each Receipt this Period  
**20.00**

**B. Stasia L. Ogden**  
Full Name (Last, First, Middle Initial)

Mailing Address 1750 W Cortland St

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Assoc GC - IP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-86**

Amount of Each Receipt this Period  
**20.00**

**C. Stasia L. Ogden**  
Full Name (Last, First, Middle Initial)

Mailing Address 1750 W Cortland St

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Assoc GC - IP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-85**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Jed M. Perry**  
Full Name (Last, First, Middle Initial)

Mailing Address 9078 Brook Ford Road

City State Zip Code  
Burke VA 22015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corporation Dir, Fed Legislative Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 02 / 2011  
**Transaction ID : 20110908111431-110**

Amount of Each Receipt this Period  
25.00

**B. Jed M. Perry**  
Full Name (Last, First, Middle Initial)

Mailing Address 9078 Brook Ford Road

City State Zip Code  
Burke VA 22015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corporation Dir, Fed Legislative Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 16 / 2011  
**Transaction ID : 2011092313494-109**

Amount of Each Receipt this Period  
25.00

**C. Jed M. Perry**  
Full Name (Last, First, Middle Initial)

Mailing Address 9078 Brook Ford Road

City State Zip Code  
Burke VA 22015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corporation Dir, Fed Legislative Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 30 / 2011  
**Transaction ID : 2011100310500-108**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Carla D. Pittman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3933 Kenway Avenue

City Los Angeles State CA Zip Code 90008

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Sr Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1169.36**

Date of Receipt **09 / 02 / 2011**

**Transaction ID : 2011090811431-122**

Amount of Each Receipt this Period **58.90**

**B. Carla D. Pittman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3933 Kenway Avenue

City Los Angeles State CA Zip Code 90008

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Sr Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1169.36**

Date of Receipt **09 / 16 / 2011**

**Transaction ID : 2011092313494-121**

Amount of Each Receipt this Period **58.90**

**C. Carla D. Pittman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3933 Kenway Avenue

City Los Angeles State CA Zip Code 90008

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Sr Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1169.36**

Date of Receipt **09 / 30 / 2011**

**Transaction ID : 2011100310500-119**

Amount of Each Receipt this Period **58.90**

**SUBTOTAL** of Receipts This Page (optional)..... **176.70**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Virginia L. Pringle</b>		Date of Receipt
Mailing Address 6655 Bobby Jones Ct		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
City	State	Zip Code
Palmetto	FL	34221
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20110908111431-23</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxter Healthcare Corporation	Mgr II, Operations	<input type="text" value="35.07"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="696.66"/>	

Full Name (Last, First, Middle Initial) <b>B. Virginia L. Pringle</b>		Date of Receipt
Mailing Address 6655 Bobby Jones Ct		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code
Palmetto	FL	34221
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2011092313494-23</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxter Healthcare Corporation	Mgr II, Operations	<input type="text" value="35.07"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="696.66"/>	

Full Name (Last, First, Middle Initial) <b>C. Virginia L. Pringle</b>		Date of Receipt
Mailing Address 6655 Bobby Jones Ct		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Palmetto	FL	34221
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2011100310500-23</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxter Healthcare Corporation	Mgr II, Operations	<input type="text" value="35.07"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="696.66"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="105.21"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Joseph A. Pudlo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 525 Trestle Court  
 City Grayslake State IL Zip Code 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation VP, Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 09 / 02 / 2011  
**Transaction ID : 2011090811431-26**  
 Amount of Each Receipt this Period  
 20.00

**B. Joseph A. Pudlo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 525 Trestle Court  
 City Grayslake State IL Zip Code 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation VP, Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-26**  
 Amount of Each Receipt this Period  
 20.00

**C. Joseph A. Pudlo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 525 Trestle Court  
 City Grayslake State IL Zip Code 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation VP, Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-25**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Julie A. Quick</b>		Date of Receipt
Mailing Address 3223 Epstein Circle		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
City	State	Zip Code
Mundelein	IL	60060
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20110908111431-186</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BioLife Plasma L.L.C.	Sr Mgr, Reg Affairs	<input type="text" value="22.40"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="444.22"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Julie A. Quick</b>		Date of Receipt
Mailing Address 3223 Epstein Circle		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code
Mundelein	IL	60060
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2011092313494-185</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BioLife Plasma L.L.C.	Sr Mgr, Reg Affairs	<input type="text" value="22.40"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="444.22"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Julie A. Quick</b>		Date of Receipt
Mailing Address 3223 Epstein Circle		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Mundelein	IL	60060
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2011100310500-184</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BioLife Plasma L.L.C.	Sr Mgr, Reg Affairs	<input type="text" value="22.40"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="444.22"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="67.20"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Janet L. Raciti**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Wimbledon Court

City Lincolnshire State IL Zip Code 60069

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 2011090811431-28**

Amount of Each Receipt this Period  
**40.00**

**B. Janet L. Raciti**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Wimbledon Court

City Lincolnshire State IL Zip Code 60069

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-28**

Amount of Each Receipt this Period  
**40.00**

**C. Janet L. Raciti**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Wimbledon Court

City Lincolnshire State IL Zip Code 60069

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-27**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **120.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Jeffrey G. Reading**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2421 Pawnee Crossing  
 City Edmond State OK Zip Code 73034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BioLife Plasma L.L.C. Occupation Dir, Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-184**  
 Amount of Each Receipt this Period  
 20.00

**B. Jeffrey G. Reading**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2421 Pawnee Crossing  
 City Edmond State OK Zip Code 73034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BioLife Plasma L.L.C. Occupation Dir, Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-183**  
 Amount of Each Receipt this Period  
 20.00

**C. Jeffrey G. Reading**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2421 Pawnee Crossing  
 City Edmond State OK Zip Code 73034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BioLife Plasma L.L.C. Occupation Dir, Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-182**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Darwin Richardson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3927 Corte Cancion  
 City State Zip Code  
 Thousand Oaks CA 91360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Plant Manager II  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-43**  
 Amount of Each Receipt this Period  
 20.00

**B. Darwin Richardson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3927 Corte Cancion  
 City State Zip Code  
 Thousand Oaks CA 91360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Plant Manager II  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-42**  
 Amount of Each Receipt this Period  
 20.00

**C. Darwin Richardson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3927 Corte Cancion  
 City State Zip Code  
 Thousand Oaks CA 91360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Plant Manager II  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-41**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Joseph Russo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27928 Periwinkle Lane  
City Valencia State CA Zip Code 91354  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Dir, Envir Health & Safety  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 681.64

Date of Receipt  
09 / 02 / 2011  
**Transaction ID : 2011090811431-129**  
Amount of Each Receipt this Period  
34.40

**B. Joseph Russo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27928 Periwinkle Lane  
City Valencia State CA Zip Code 91354  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Dir, Envir Health & Safety  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 681.64

Date of Receipt  
09 / 16 / 2011  
**Transaction ID : 2011092313494-128**  
Amount of Each Receipt this Period  
34.40

**C. Joseph Russo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27928 Periwinkle Lane  
City Valencia State CA Zip Code 91354  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Dir, Envir Health & Safety  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 681.64

Date of Receipt  
09 / 30 / 2011  
**Transaction ID : 2011100310500-126**  
Amount of Each Receipt this Period  
34.40

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 103.20  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Roibin Ryan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1419 W Berteau

City Chicago State IL Zip Code 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation Deputy Gen Counsel, Lit & Empl

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2087.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-154**

Amount of Each Receipt this Period  
 105.46

**B. Roibin Ryan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1419 W Berteau

City Chicago State IL Zip Code 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation Deputy Gen Counsel, Lit & Empl

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2087.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-153**

Amount of Each Receipt this Period  
 105.46

**C. Roibin Ryan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1419 W Berteau

City Chicago State IL Zip Code 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation Deputy Gen Counsel, Lit & Empl

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2087.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-151**

Amount of Each Receipt this Period  
 105.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	316.38
<b>TOTAL</b> This Period (last page this line number only).....	▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Kaissar Saade</b>		Date of Receipt
Mailing Address 18522 Roslin Ave		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
City Torrance State CA Zip Code 90504		<b>Transaction ID : 20110908111431-62</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Baxter Healthcare Corporation Occupation Principal Engineer		<input type="text" value="17.57"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="348.82"/>	

Full Name (Last, First, Middle Initial) <b>B. Kaissar Saade</b>		Date of Receipt
Mailing Address 18522 Roslin Ave		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City Torrance State CA Zip Code 90504		<b>Transaction ID : 2011092313494-61</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Baxter Healthcare Corporation Occupation Principal Engineer		<input type="text" value="17.57"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="348.82"/>	

Full Name (Last, First, Middle Initial) <b>C. Kaissar Saade</b>		Date of Receipt
Mailing Address 18522 Roslin Ave		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City Torrance State CA Zip Code 90504		<b>Transaction ID : 2011100310500-60</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Baxter Healthcare Corporation Occupation Principal Engineer		<input type="text" value="17.57"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="348.82"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="52.71"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 OF 100
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. James K. Saccaro**  
Full Name (Last, First, Middle Initial)

Mailing Address 915 Ash Street

City Winnetka State IL Zip Code 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation CVP, Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1343.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011

**Transaction ID : 2011090811431-162**

Amount of Each Receipt this Period  
 69.23

**B. James K. Saccaro**  
Full Name (Last, First, Middle Initial)

Mailing Address 915 Ash Street

City Winnetka State IL Zip Code 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation CVP, Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1343.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011

**Transaction ID : 2011092313494-161**

Amount of Each Receipt this Period  
 69.23

**C. James K. Saccaro**  
Full Name (Last, First, Middle Initial)

Mailing Address 915 Ash Street

City Winnetka State IL Zip Code 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation CVP, Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1343.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : 2011100310500-159**

Amount of Each Receipt this Period  
 69.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....	207.69
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Ashish Sagrolikar**

Mailing Address 1012 Alden Lane

City State Zip Code  
 Buffalo Grove IL 60089

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Baxter Healthcare Corporation VP, SIs & Mkt - US Hemophilia

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-135**

Amount of Each Receipt this Period  
 15.00

Full Name (Last, First, Middle Initial)  
**B. Ashish Sagrolikar**

Mailing Address 1012 Alden Lane

City State Zip Code  
 Buffalo Grove IL 60089

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Baxter Healthcare Corporation VP, SIs & Mkt - US Hemophilia

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-134**

Amount of Each Receipt this Period  
 15.00

Full Name (Last, First, Middle Initial)  
**C. Ashish Sagrolikar**

Mailing Address 1012 Alden Lane

City State Zip Code  
 Buffalo Grove IL 60089

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Baxter Healthcare Corporation VP, SIs & Mkt - US Hemophilia

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-132**

Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. David P. Scharf**  
Full Name (Last, First, Middle Initial)

Mailing Address 931 Oak Street

City Winnetka State IL Zip Code 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation CVP, General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2057.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 2011090811431-151**

Amount of Each Receipt this Period  
 105.77

**B. David P. Scharf**  
Full Name (Last, First, Middle Initial)

Mailing Address 931 Oak Street

City Winnetka State IL Zip Code 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation CVP, General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2057.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-150**

Amount of Each Receipt this Period  
 105.77

**C. David P. Scharf**  
Full Name (Last, First, Middle Initial)

Mailing Address 931 Oak Street

City Winnetka State IL Zip Code 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation CVP, General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2057.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-148**

Amount of Each Receipt this Period  
 105.77

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 317.31

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Chandra Sekhar**  
Full Name (Last, First, Middle Initial)

Mailing Address 1621 Mission Hills Rd Unit 211  
Apt 211

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Mfg Strategy- Med Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.16

Date of Receipt  
09 / 02 / 2011  
**Transaction ID : 20110908111431-3**

Amount of Each Receipt this Period  
63.15

**B. Chandra Sekhar**  
Full Name (Last, First, Middle Initial)

Mailing Address 1621 Mission Hills Rd Unit 211  
Apt 211

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Mfg Strategy- Med Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.16

Date of Receipt  
09 / 16 / 2011  
**Transaction ID : 2011092313494-3**

Amount of Each Receipt this Period  
63.15

**C. Chandra Sekhar**  
Full Name (Last, First, Middle Initial)

Mailing Address 1621 Mission Hills Rd Unit 211  
Apt 211

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Mfg Strategy- Med Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.16

Date of Receipt  
09 / 30 / 2011  
**Transaction ID : 2011100310500-3**

Amount of Each Receipt this Period  
63.15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 189.45

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Jeffrey Allen Sexton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Cochran View Drive  
 City Marion State NC Zip Code 28752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Supv II, Manufacturing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 279.57

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 2011090811431-77**  
 Amount of Each Receipt this Period  
 17.53

**B. Jeffrey Allen Sexton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Cochran View Drive  
 City Marion State NC Zip Code 28752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Supv II, Manufacturing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 279.57

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-76**  
 Amount of Each Receipt this Period  
 12.52

**C. Jeffrey Allen Sexton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Cochran View Drive  
 City Marion State NC Zip Code 28752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Supv II, Manufacturing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 279.57

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-75**  
 Amount of Each Receipt this Period  
 15.18

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.23
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. John P. Shannon**  
Full Name (Last, First, Middle Initial)

Mailing Address 432 Utley

City Elmhurst State IL Zip Code 60126

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation GFH, Hemophilia

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1254.88

Date of Receipt  
 09 / 02 / 2011  
**Transaction ID : 2011090811431-139**

Amount of Each Receipt this Period  
 63.26

**B. John P. Shannon**  
Full Name (Last, First, Middle Initial)

Mailing Address 432 Utley

City Elmhurst State IL Zip Code 60126

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation GFH, Hemophilia

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1254.88

Date of Receipt  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-138**

Amount of Each Receipt this Period  
 63.26

**C. John P. Shannon**  
Full Name (Last, First, Middle Initial)

Mailing Address 432 Utley

City Elmhurst State IL Zip Code 60126

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation GFH, Hemophilia

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1254.88

Date of Receipt  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-136**

Amount of Each Receipt this Period  
 63.26

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	189.78
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Terry (John) Simmons**  
Full Name (Last, First, Middle Initial)

Mailing Address 1013 Windhaven Road

City Libertyville State IL Zip Code 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Purchasing - Med Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-134**

Amount of Each Receipt this Period  
**15.00**

**B. Terry (John) Simmons**  
Full Name (Last, First, Middle Initial)

Mailing Address 1013 Windhaven Road

City Libertyville State IL Zip Code 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Purchasing - Med Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-133**

Amount of Each Receipt this Period  
**15.00**

**C. Terry (John) Simmons**  
Full Name (Last, First, Middle Initial)

Mailing Address 1013 Windhaven Road

City Libertyville State IL Zip Code 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Purchasing - Med Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-131**

Amount of Each Receipt this Period  
**15.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Lori E. Sims**  
Full Name (Last, First, Middle Initial)

Mailing Address 66 Cooper Drive

City Glastonbury State CT Zip Code 06033

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Mgr, State Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 466.56

Date of Receipt  
09 / 02 / 2011  
**Transaction ID : 20110908111431-88**

Amount of Each Receipt this Period  
23.52

**B. Lori E. Sims**  
Full Name (Last, First, Middle Initial)

Mailing Address 66 Cooper Drive

City Glastonbury State CT Zip Code 06033

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Mgr, State Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 466.56

Date of Receipt  
09 / 16 / 2011  
**Transaction ID : 2011092313494-87**

Amount of Each Receipt this Period  
23.52

**C. Lori E. Sims**  
Full Name (Last, First, Middle Initial)

Mailing Address 66 Cooper Drive

City Glastonbury State CT Zip Code 06033

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Mgr, State Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 466.56

Date of Receipt  
09 / 30 / 2011  
**Transaction ID : 2011100310500-86**

Amount of Each Receipt this Period  
23.52

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.56

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Deborah G. Spak**  
Full Name (Last, First, Middle Initial)

Mailing Address 1555 Stratford

City Deerfield	State IL	Zip Code 60015
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc.	Occupation Dir, Communications
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
306.66

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : 20110908111431-156**

Amount of Each Receipt this Period  

15.51
-------

**B. Deborah G. Spak**  
Full Name (Last, First, Middle Initial)

Mailing Address 1555 Stratford

City Deerfield	State IL	Zip Code 60015
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc.	Occupation Dir, Communications
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
306.66

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

**Transaction ID : 2011092313494-155**

Amount of Each Receipt this Period  

15.51
-------

**c. Deborah G. Spak**  
Full Name (Last, First, Middle Initial)

Mailing Address 1555 Stratford

City Deerfield	State IL	Zip Code 60015
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc.	Occupation Dir, Communications
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
306.66

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : 2011100310500-153**

Amount of Each Receipt this Period  

15.51
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	46.53
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Janet M. Spaulding**  
Full Name (Last, First, Middle Initial)

Mailing Address 4371 Silversmith Lane

City Independence State KY Zip Code 41051

FEC ID number of contributing federal political committee. **C**

Name of Employer BioLife Plasma L.L.C. Occupation Regional Operations Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 02 / 2011  
**Transaction ID : 2011090811431-172**

Amount of Each Receipt this Period  
25.00

**B. Janet M. Spaulding**  
Full Name (Last, First, Middle Initial)

Mailing Address 4371 Silversmith Lane

City Independence State KY Zip Code 41051

FEC ID number of contributing federal political committee. **C**

Name of Employer BioLife Plasma L.L.C. Occupation Regional Operations Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 16 / 2011  
**Transaction ID : 2011092313494-171**

Amount of Each Receipt this Period  
25.00

**C. Janet M. Spaulding**  
Full Name (Last, First, Middle Initial)

Mailing Address 4371 Silversmith Lane

City Independence State KY Zip Code 41051

FEC ID number of contributing federal political committee. **C**

Name of Employer BioLife Plasma L.L.C. Occupation Regional Operations Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 30 / 2011  
**Transaction ID : 2011100310500-170**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Elizabeth F. Stoll**

Mailing Address 3014 Greendale Dr

City Atlanta State GA Zip Code 30327

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Mgr II, State Govt Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.12**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-122**

Amount of Each Receipt this Period  
**10.49**

Full Name (Last, First, Middle Initial)  
**B. John S. Strokis**

Mailing Address 616 Saxon Lane

City Libertyville State IL Zip Code 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Quality

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **314.46**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-105**

Amount of Each Receipt this Period  
**52.41**

Full Name (Last, First, Middle Initial)  
**c. John S. Strokis**

Mailing Address 616 Saxon Lane

City Libertyville State IL Zip Code 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Quality

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **314.46**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-104**

Amount of Each Receipt this Period  
**52.41**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **115.31**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. John S. Strokis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 616 Saxon Lane  
 City State Zip Code  
 Libertyville IL 60048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Sr Dir, Quality  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 314.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-103**  
 Amount of Each Receipt this Period  
 52.41

**B. Donald J. Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 W Cypress Drive  
 City State Zip Code  
 Arlington Heights IL 60005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter International Inc. VP, Risk Management  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-147**  
 Amount of Each Receipt this Period  
 40.00

**C. Donald J. Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 W Cypress Drive  
 City State Zip Code  
 Arlington Heights IL 60005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter International Inc. VP, Risk Management  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-146**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 132.41  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Donald J. Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 W Cypress Drive  
 City State Zip Code  
 Arlington Heights IL 60005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter International Inc. VP, Risk Management  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-144**  
 Amount of Each Receipt this Period  
 40.00

**B. Ronald J. Trudeau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 416 W Oakwood Dr  
 City State Zip Code  
 Barrington IL 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation VP, Engineering  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-1**  
 Amount of Each Receipt this Period  
 25.00

**C. Ronald J. Trudeau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 416 W Oakwood Dr  
 City State Zip Code  
 Barrington IL 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation VP, Engineering  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-1**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Ronald J. Trudeau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 416 W Oakwood Dr  
 City Barrington State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation VP, Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-1**  
 Amount of Each Receipt this Period  
 25.00

**B. Onelia Ann Vera**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 619 Oleander Drive  
 City Hallandale State FL Zip Code 33009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2119.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-130**  
 Amount of Each Receipt this Period  
 106.83

**C. Onelia Ann Vera**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 619 Oleander Drive  
 City Hallandale State FL Zip Code 33009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2119.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-129**  
 Amount of Each Receipt this Period  
 106.83

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	238.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Onelia Ann Vera**  
Full Name (Last, First, Middle Initial)  
Mailing Address 619 Oleander Drive  
City Hallandale State FL Zip Code 33009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2119.14

Date of Receipt 09 / 30 / 2011  
**Transaction ID : 2011100310500-127**  
Amount of Each Receipt this Period 106.83

**B. Trudy G. Vlahos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 730 Lakewood Lane  
City Marquette State MI Zip Code 49855  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BioLife Plasma L.L.C. Occupation Regional Operations Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2011  
**Transaction ID : 20110908111431-182**  
Amount of Each Receipt this Period 25.00

**C. Trudy G. Vlahos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 730 Lakewood Lane  
City Marquette State MI Zip Code 49855  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BioLife Plasma L.L.C. Occupation Regional Operations Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2011  
**Transaction ID : 2011092313494-181**  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 156.83  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Trudy G. Vlahos**  
Full Name (Last, First, Middle Initial)

Mailing Address 730 Lakewood Lane

City Marquette State MI Zip Code 49855

FEC ID number of contributing federal political committee. **C**

Name of Employer BioLife Plasma L.L.C. Occupation Regional Operations Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : 2011100310500-180**

Amount of Each Receipt this Period 25.00

**B. Christopher P. Vlautin**  
Full Name (Last, First, Middle Initial)

Mailing Address 2343 Beckett Drive

City El Dorado Hills State CA Zip Code 95762

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Mgr, State Government Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 02 / 2011  
**Transaction ID : 20110908111431-84**

Amount of Each Receipt this Period 20.00

**c. Christopher P. Vlautin**  
Full Name (Last, First, Middle Initial)

Mailing Address 2343 Beckett Drive

City El Dorado Hills State CA Zip Code 95762

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Mgr, State Government Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 16 / 2011  
**Transaction ID : 2011092313494-83**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Christopher P. Vlautin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2343 Beckett Drive  
 City El Dorado Hills State CA Zip Code 95762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Mgr, State Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : 2011100310500-82**  
 Amount of Each Receipt this Period  
 20.00

**B. John Alan Weiler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3686 Blankenship Dr.  
 City Morganton State NC Zip Code 28655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Plant Mgr I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : 20110908111431-81**  
 Amount of Each Receipt this Period  
 20.00

**C. John Alan Weiler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3686 Blankenship Dr.  
 City Morganton State NC Zip Code 28655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Plant Mgr I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : 2011092313494-80**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 100  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. John Alan Weiler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3686 Blankenship Dr.  
 City Morganton State NC Zip Code 28655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Plant Mgr I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : 2011100310500-79**  
 Amount of Each Receipt this Period 20.00

**B. Ronald K. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6800 Red Rock Road  
 City Amarillo State TX Zip Code 79118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Renal Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 02 / 2011  
**Transaction ID : 20110908111431-91**  
 Amount of Each Receipt this Period 20.00

**C. Ronald K. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6800 Red Rock Road  
 City Amarillo State TX Zip Code 79118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Renal Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 16 / 2011  
**Transaction ID : 2011092313494-90**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Ronald K. Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 6800 Red Rock Road

City Amarillo State TX Zip Code 79118

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Renal Account Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : 2011100310500-89**

Amount of Each Receipt this Period 200.00

**B. Carl Wilt**  
Full Name (Last, First, Middle Initial)

Mailing Address 38465 N Burr Oak Ln

City Wadsworth State IL Zip Code 60083

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP I, Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2011  
**Transaction ID : 20110908111431-39**

Amount of Each Receipt this Period 25.00

**C. Carl Wilt**  
Full Name (Last, First, Middle Initial)

Mailing Address 38465 N Burr Oak Ln

City Wadsworth State IL Zip Code 60083

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP I, Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2011  
**Transaction ID : 2011092313494-38**

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Carl Wilt**  
Full Name (Last, First, Middle Initial)

Mailing Address 38465 N Burr Oak Ln

City Wadsworth State IL Zip Code 60083

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP I, Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : 2011100310500-37**

Amount of Each Receipt this Period 25.00

**B. Subramaniam Yogendran**  
Full Name (Last, First, Middle Initial)

Mailing Address Baxter Healthcare Corp. One Baxter  
Baxter Healthcare Corp.

City Deerfield State IL Zip Code 60015

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, SC - US Med Products

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1051.30

Date of Receipt 09 / 02 / 2011  
**Transaction ID : 20110908111431-94**

Amount of Each Receipt this Period 53.15

**C. Subramaniam Yogendran**  
Full Name (Last, First, Middle Initial)

Mailing Address Baxter Healthcare Corp. One Baxter  
Baxter Healthcare Corp.

City Deerfield State IL Zip Code 60015

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, SC - US Med Products

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1051.30

Date of Receipt 09 / 16 / 2011  
**Transaction ID : 2011092313494-93**

Amount of Each Receipt this Period 53.15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 131.30

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 100 OF 100  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Baxter Healthcare Political Action Committee**

**A. Subramaniam Yogendran**  
Full Name (Last, First, Middle Initial)

Mailing Address **Baxter Healthcare Corp. One Baxter  
Baxter Healthcare Corp.**

City **Deerfield** State **IL** Zip Code **60015**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Baxter Healthcare Corporation** Occupation **VP, SC - US Med Products**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1051.30**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : 2011100310500-92**

Amount of Each Receipt this Period  

53.15
-------

**B.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period  

--

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period  

--

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>53.15</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>11683.42</b>